

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin



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GUY P. JONES
EDITOR

Health Day at Hayward.

On February 17 Hayward celebrated its second annual "Health Day," when by proclamation of the mayor the citizens met to learn what had been done during the past year to protect the community health, what is being done by the state and nation along health lines, and what can be done to further protect the health of the citizens of Hayward.

Dr. F. W. Browning, Hayward's very efficient health officer, had prepared a program of unusual interest:

- 1—Address of Welcome.....Mayor Manter
 - 2—Report of President.....Peter J. Crosby
 - 3—Report of Secretary.....A. W. Beam
 - 4—Report of Treasurer.....Miss Ruth Kimball
 - 5—Report of Activities.....Miss Oline C. Schafer
 - 6—Future Activities of the Hayward Health Center.....Judge Harder
 - 7—What Public Health Nursing Means.....Miss Edith Bryan, Prof. Public Health Nursing, U. of C.
 - 8—The American Red Cross Health Center Activities.....Miss Mary L. Cole, Director Public Health Nursing, A. R. C.
 - 9—The Hayward Red Cross.....Mrs. I. B. Parsons
 - 10—Coordination of Health Education with Reference to Regular School Subjects.....Miss Whitton, Director Health Education
 - 11—State Board of Health Relations to Health Center.....Dr. Wm. Dickie, Secretary State Board of Health
 - 12—Mrs. McManus.....Director Bureau Social Hygiene, State Board of Health
- Arroyo Sanatorium had an exhibit of work made by patients under "Occupational Therapy," by Miss Munro as instructor.

One year ago it was the privilege of the Secretary of the State Board of Health to visit Hayward on the occasion of the first "Health Day" celebration. At this time the possible establishment of a Health Center, its location, equipment and maintenance were topics of discussion. This year the Secretary again visited Hayward and found that the

Health Center was a reality. Located in the Carnegie Library building, where the program for the afternoon was given, it is not only prepared to definitely attack disease, but to conserve health.

It is a clearing house for health resources, and through it the community comes in touch with all health promoting agencies. As a result of the work done by the Health Center, school children have been protected from communicable diseases, follow-up work has been done where children have been sent home from school, relief has been brought to families which needed it, and the Health Center has tried to teach the people how to keep well. An interesting report made by one of the school trustees showed that there had been few absences from school due to illness during the year, which he attributed to the splendid work of the public health nurse, Miss Schafer, and her assistant. This alone had so increased the school revenue that it paid the salary of the additional nurse.

Definite and accurate health information is available at the Health Center; "Well Baby Conferences," "Children's Clinics," "Malnutrition Classes," are conducted at the Center, as well as classes in Home Hygiene and Care of the Sick. The latter courses are given to the high school girls and credit for their work is allowed by the school.

The public health nurses attached to the Health Center have proven of such value to the health officer, in following up cases of communicable disease excluded from school, in visiting homes, etc., and of such value to the community at large that Hayward now plans to secure the services of a third nurse.

Hayward is to be congratulated upon having such a splendid health officer, such capable public health nurses, and such a wide-awake interest in public health.

What Hayward has accomplished in one year should be an inspiration to other communities.



Death of John H. Mellon.

It is with the deepest regret that we record the death last Friday of John H. Mellon, secretary of the health department of the city of Oakland.

In Mr. Mellon's death Oakland has lost one of its most conscientious servants and public health in California has sustained a loss that is irreparable. He was connected with that department for over ten years, serving under seven different health officers, and through him as through no one else can be traced the great advance in public health made by that city during the past decade.

Always unassuming, always cheerful, always willing, knowing what to do and always doing the right thing in the right place, the longer one knew him the more one learned to love and respect him.

His loss is most deeply felt, not only as brother public health worker but also true friend.



VITAMINS AS FOODS, NOT MEDICINE.

By M. E. JAFFA, M.S., Consulting Nutrition Expert, California State Board of Health.

The subject of vitamins is a live one—interesting to both the scientist and the layman. The former gathers his information from the works of coscientists and his own investigations. Unfortunately, the layman is getting most of his through advertisements appearing in our daily papers. It is very questionable whether this condition of affairs is as it should be.

The following three facts must be accepted:

1. There are three types of vitamins, A, B and C, A being soluble in fat, and B and C being soluble in water.

2. Vitamins are unidentified dietary essentials, therefore,

3. No diet can be complete without them.

The question is, "How is it best to obtain these vitamins?" There are two sources open to the public:

- a. The natural foods, milk, eggs, meat, fruits and vegetables. The value of these as sources of vitamins does not appear in colored headlines and variegated cuts in our daily papers, more's the pity.

- b. Through proprietary products, granting for argument's sake that these products are as advertised.

Which is the better source? This question may be discussed under two different captions:

1. Nutritionally.

2. Financially.

1. Nutritionally.

There is no better source of vitamins A and B than milk. But in addition to the vitamins in milk there is also a protein of the highest biological value, mineral matter essential to growth and a carbohydrate not only of high caloric value but which, in view of late investigations, has an important bearing on the intestinal flora in man and other animals.

Recent researches by Professor Rettger and associates, of Yale, have shown pretty conclusively that milk, whether sweet or sour, has a beneficial influence on the intestinal flora—that is, the presence of milk in the intestines produces a condition which favors the development of desirable bacteria. It is thus seen, therefore, that in addition to the food value of milk it has another value as a nutrient for desirable intestinal bacteria.

Dr. Rettger has also proven clearly with reference to the growth of healthy normal chicks that milk is a most valuable and necessary food and it makes no difference whether fresh skimmed milk is fed or whether sour milk is fed, the results are practically the same and far more satisfactory than when no milk is fed. This is merely to emphasize the fact that in normal nutrition it is the milk solids which are so valuable and not the condition of the milk.

While it is true that milk is such an excellent source of vitamins A and B, it is not by any means the only source. Eggs, fresh fruits and vegetables, particularly the leafy vegetables, also furnish ample supply of these dietary essentials. In fact, it may be said that vitamin B is well distributed through our common foods.

No mention has been made with reference to vitamin C in milk for the reason that while this vitamin is present in milk it is not to the same extent as are either A or B, and, furthermore, the potency of A and B is not appreciably lessened

by proper pasteurization, whereas C may be. It would therefore seem that it would not be well to depend upon milk or any of our ordinary cooked foods for vitamin C. Probably the best sources of vitamin C are the citrus fruits, lemon, orange and grapefruit. There are two *raw* vegetables which rank equally in this respect with lemon juice, and those are the onion and the cabbage. For those who like raw onions this is an added reason for continuing the consumption.

Another valuable source for vitamin C is tomato juice and this is true whether the juice is raw or cooked. In other words, tomato juice is an exception to the general rule regarding the content of vitamin C in cooked foods.

From the foregoing it is evident then that if one uses a mixed or varied diet—that is, one containing adequate representation from all the five classes of foods and meeting the respective caloric requirement—there will be no need to worry about the vitamins. Such a diet will furnish an ample supply of these dietary essentials which will more than meet the body's requirements. In other words, then, when a person consumes milk, meat, eggs, fruits and vegetables, his system not only receives vitamins A, B and C in their best form but in addition receives other nutrients and calories of the highest biological value.

2. Financially.

It would be a somewhat difficult matter to estimate the cost of vitamins in the ordinary mixed diet because of the fact that the body requires an adequate amount of good protein, mineral matter and calories, and when these are furnished from the best sources they are accompanied by the three types of vitamins, A, B and C. It might, therefore, be said that the vitamins are practically furnished without cost.

The condition of affairs is entirely different, however, when the commercial preparations are considered. In most cases the filler or carrier of the advertised vitamin has little protein or caloric value. The daily cost of such preparations is not expensive when considered as a medicine. Vitamins, however, should not be regarded as a medicine or even a tonic. They are dietary essentials and should be so **CLASSED** and **REGARDED**. If a correct diagnosis indicates a lack of vitamins, then the diet must of necessity

be lacking in vitamin-rich foods, which should be immediately added to the diet.

It has been proved in certain cases that preparations containing vitamins, when given as a supplement to a deficient diet, do not accelerate the increase in weight to anything like that which is produced under similar conditions with the vitamin-bearing foods alone.

A CONSERVATIVE ESTIMATE OF THE DAILY EXPENDITURE FOR THE PROPRIETARY VITAMIN PRODUCT IS TEN CENTS. IF, IN PLACE OF SPENDING THIS AMOUNT FOR THE COMMERCIAL PRODUCT IT WERE EXPENDED FOR ONE PINT OF MILK AND AN ORANGE, NOT ONLY WOULD VITAMINS IN THEIR BEST FORM BE OBTAINED, BUT IN ADDITION OTHER VALUABLE NUTRIENTS AND CALORIES NOT PROVIDED BY THE COMMERCIAL PRODUCT.

So much has been written with reference to nutrition and the nutritive value of our staple foods that it would hardly seem necessary to devote so much space to this subject. In view, however, of the constantly increasing number of the proprietary products advertised as being rich in vitamins, which are offered to the public, it would appear that a word of caution is not out of place.

The newspaper should not be considered as one's physician or diagnostician.

The medical journals should carefully censor all offered advertisements relative to vitamins and not permit insertion of those making claims that are in any way misleading or deceiving.



Dr. A. J. Scott, Jr., Appointed Member of Board.

Dr. A. J. Scott, Jr., of Los Angeles, has been appointed by Governor Stephens as a member of the State Board of Health to fill the vacancy caused by the death of Dr. Walter Lindley.



The advanced consumptive is the real danger to the family and community. A dying consumptive should be removed to a healthy, comfortable place to die in without endangering the community; this is the only way in which the epidemics of chronic diseases may become extinct.—Jacobi.



There is truly no other single factor, no other destructive agency—catastrophe, pestilence, blight or warfare—which typifies to the extent that this disease (tuberculosis) does the pathos of existence, and the cold indifference of Fate to human suffering.—Huber.

MORBIDITY.**Diphtheria.**

Diphtheria continues to drop, only 165 cases were reported last week. This is the lowest number for any week since last September. Of this total 11 were reported from San Jose, 11 from Oakland, 37 from Los Angeles and 48 from San Francisco.

Smallpox.

Most of the 88 cases of smallpox reported last week were scattered throughout the state. Santa Clara County, including San Jose, reported 32 cases.

Typhoid Fever.

The 5 cases of typhoid fever were scattered: Oakland 1, Los Angeles 1, Fresno County 1, Sacramento 1, Santa Paula 1.

Influenza.

Reports of 4315 cases of influenza for the week ending February 18 have been received to date. The greatest incidence has occurred as follows: Alameda 209, Alhambra 19, Berkeley 499, Benicia 70, Burlingame 25, Cloverdale 15, Chico 16, Eureka 41, Fullerton 12, Gilroy 13, Huntington Park 40, King City 24, Long Beach 20, Los Angeles County 94, Los Angeles City 778, Merced 49, National City 22, Oakland 184, Orange County 29, Pasadena 52, Petaluma 75, Pittsburg 32, Pinole 54, Pomona 20, Redding 46,

Sacramento 89 San Francisco 1034, San Leandro 17, San Mateo 81, Santa Maria 51, Santa Monica 30, Santa Paula 11, Santa Rosa 29, Solano County 25, Stockton 17, Siskiyou County 12, Taft 25, Torrance 32, Walnut Creek 18, Yolo County 92.

LIST OF DISEASES REPORTABLE BY LAW.

ANTHRAX	OPHTHALMIA NEONATORUM
BERI-BERI	PARATYPHOID FEVER
CEREBROSPINAL MENINGITIS (Epidemic)	PELLAGRA
CHICKENPOX	PLAGUE
CHOLERA, ASIATIC	PNEUMONIA (Lobar)
DENGUE	POLIOMYELITIS
DIPHThERIA	RABIES
DYSENTERY	ROCKY MOUNTAIN
ENCEPHALITIS (Epidemic)	SPOTTED (or Tick) FEVER
ERYSIPELAS	SCARLET FEVER
GERMAN MEASLES	SMALLPOX
GLANDERS	SYPHILIS*
GONOCOCCUS INFECTION*	TETANUS
HOOKWORM	TRACHOMA
INFLUENZA	TUBERCULOSIS
LEPROSY	TYPHOID FEVER
MALARIA	TYPHUS FEVER
MEASLES	WHOOPING COUGH
MUMPS	YELLOW FEVER

*Reported by office number. Name and address not required.

QUARANTINABLE DISEASES.

CEREBROSPINAL MENINGITIS (Epidemic)	POLIOMYELITIS
CHOLERA, ASIATIC	SCARLET FEVER
DIPHThERIA	SMALLPOX
LEPROSY	TYPHOID FEVER
PLAGUE	TYPHUS FEVER
	YELLOW FEVER

COMMUNICABLE DISEASE REPORTS.

Disease	1922				1921			
	Week ending			Reports for week ending Feb. 18 received by Feb. 21	Week ending			Reports for week ending Feb. 19 received by Feb. 23
	Jan. 28	Feb. 4	Feb. 11		Jan. 29	Feb. 5	Feb. 12	
Anthrax	0	0	0	0	0	0	0	0
Cerebrospinal meningitis	1	8	7	3	5	3	2	5
Chickenpox	122	107	168	180	231	178	224	134
Diphtheria	301	247	214	165	182	133	129	78
Dysentery (bacillary)	1	0	0	0	0	1	0	1
Epidemic encephalitis	1	6	1	1	3	0	4	4
Gonorrhoea	70	118	100	32	94	122	54	76
Influenza	68	119	1,013	4,315	53	104	118	155
Leprosy	0	0	0	0	0	2	1	1
Malaria	1	2	3	3	2	2	5	3
Measles	14	14	20	22	536	622	752	659
Mumps	99	75	120	92	278	260	354	275
Pneumonia	100	139	196	182	109	95	135	113
Poliomyelitis	4	0	0	0	0	0	1	1
Scarlet fever	146	180	144	114	139	120	156	153
Smallpox	122	102	93	88	246	320	233	237
Syphilis	101	65	137	32	47	131	77	81
Tuberculosis	145	147	157	123	213	155	184	194
Typhoid fever	12	11	7	5	12	2	15	8
Whooping cough	57	51	61	42	96	52	61	34

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